

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED OCT 11 1948

State File No.

Registration District No. 9

Primary Registration District No. 4/70

Registrar's No. 51

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DeKalb
 (b) City or town Union Star, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether _____)
 In this community 66 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb 37
 (c) City or town Union Star, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Frederick Schuttler
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
 year 1948 hour 7 minute _____ a.M.
 21. I hereby certify that I attended the deceased from 9-16, 1948 to 9-16, 1948
 that I last saw h _____ alive on _____, 19 _____;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Schuttler 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Jan. 2, 1866
 (Month) (Day) (Year)

Immediate cause of death Cerebral Sclerosis
 Due to Cerebral Sclerosis
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>14</u>	_____ hr. _____ min.

Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Elmore Ohio
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy 940

10. Usual occupation Retired Farmer
 11. Industry or business _____
 12. Name Henry Schuttler
 13. Birthplace Hamburg Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Marg Strautman
 15. Birthplace Hamburg Germany
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. J. F. Schuttler
 (b) Address Union Star, Mo.
 17. (a) Burial (b) Date thereof Sept. 18, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Star, Mo.

While at work? _____ (Specify type of place)
 (c) Means of injury 2
 23. Signature W. H. Dennis (M. D. or other) DO
 Address Union Star, Mo. Date signed 9/16/48

18. (a) Signature of funeral director Lucile M. Wilson
 (b) Address King City, Mo.
 19. (a) Sept 15 1948 (b) W. H. Dennis
 (Date received local registrar) (Registrar's signature)

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lucile M. Wilson
Licensed Embalmer No. 2830
P. O. Address King City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.